

*turning knowledge into practice*

# **Piloting a Community Approach to Healthy Marriage Initiatives: Early Implementation in Grand Rapids, MI and Nampa, ID**

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# Healthy Marriage Initiative Context



- A number of grantees will apply or have applied for funds to run projects that strengthen marriage and family in their communities.
- Three ACF-funded evaluations will examine site activities that include marriage education.
- Our evaluation focuses on non-experimental evaluation of the implementation and impact of community approaches to marriage strengthening.

# What is a Community Healthy Marriage Initiative?



- An opportunity for communities to propose and receive funding for innovative demonstration projects designed to promote healthy marriage, parental responsibility and the financial well-being of children.
- CHMI interventions are designed, proposed and implemented by community-based coalitions of government, nonprofit and faith-based organizations.
- Approaches to CHMI activities are typically different from site to site, but share common goals.

# Types of CHMI Activities



- Mobilization of community organizations and public agencies around the goal of building healthy marriages.
- Direct services, such as marriage education, provided to individuals and couples to inform their perspectives about marriage and relationships and to improve marriage quality, stability, and parenting.
- Changes to state and community marriage policies.
- Mentoring programs in schools.
- Media campaigns of all sorts.
- Celebration events.

# What Does the Community Have to do with Marriage?



- Because programs are situated in the community, they may offer employment, financial counseling, and many other activities in addition to marriage services.
- Community support and mobilization can increase participation in marriage services, and can sustain effects.
- Activities may take place in churches, hospitals, and community associations which may be more sustainable than implanted programs in the longer term.
- Services and coalition activities may generate social interactions that encourage healthy marriages and affect relatives, peers, and norms.

# Each Site Creates Its Own CHMI



- The specific choices of interventions, curricula, and media campaign vary in each community.
  - Makes the initiative more relevant to its community.
  - Makes the evaluation more challenging.
  - More likely to reflect the realistic effectiveness of CHMIs and not special circumstances of policy experiments.

# National Evaluation



- Began in 2003.
- There are 15 approved pilot sites, of which about half are currently delivering services.
- Each of these sites will have an implementation study including qualitative and quantitative analyses.
- The implementation study will inform the impact study, since these initiatives are diverse and innovative.
- Grand Rapids and Nampa have had the initial study of their implementation take place.

# Implementation Evaluation Elements



- In-person interviews with key personnel, partners and staff.
- Review of curriculum, materials and other resources used by the sites.
- Data analysis of the management information systems (MIS) data to get a portrait of participants and to see how they change over time.
- Data linked with IV D records to understand what child support involvement participant might have.
- This data will also be matched with the National Directory of New Hires to provide a picture of employment and wages of participants, but this process is not yet complete.



# Grand Rapids, MI- Healthy Marriages Healthy Relationships



- Awarded section 1115 waiver in June 2003, operations began in October 2003.
- Main goal is to increase the well-being of children by strengthening the relationship of their parents.
- Aim to reach at least 2,500 people over the 5 years of the project with direct family strengthening activities, including relationship or parenting skills.
- Target population is low income residents.

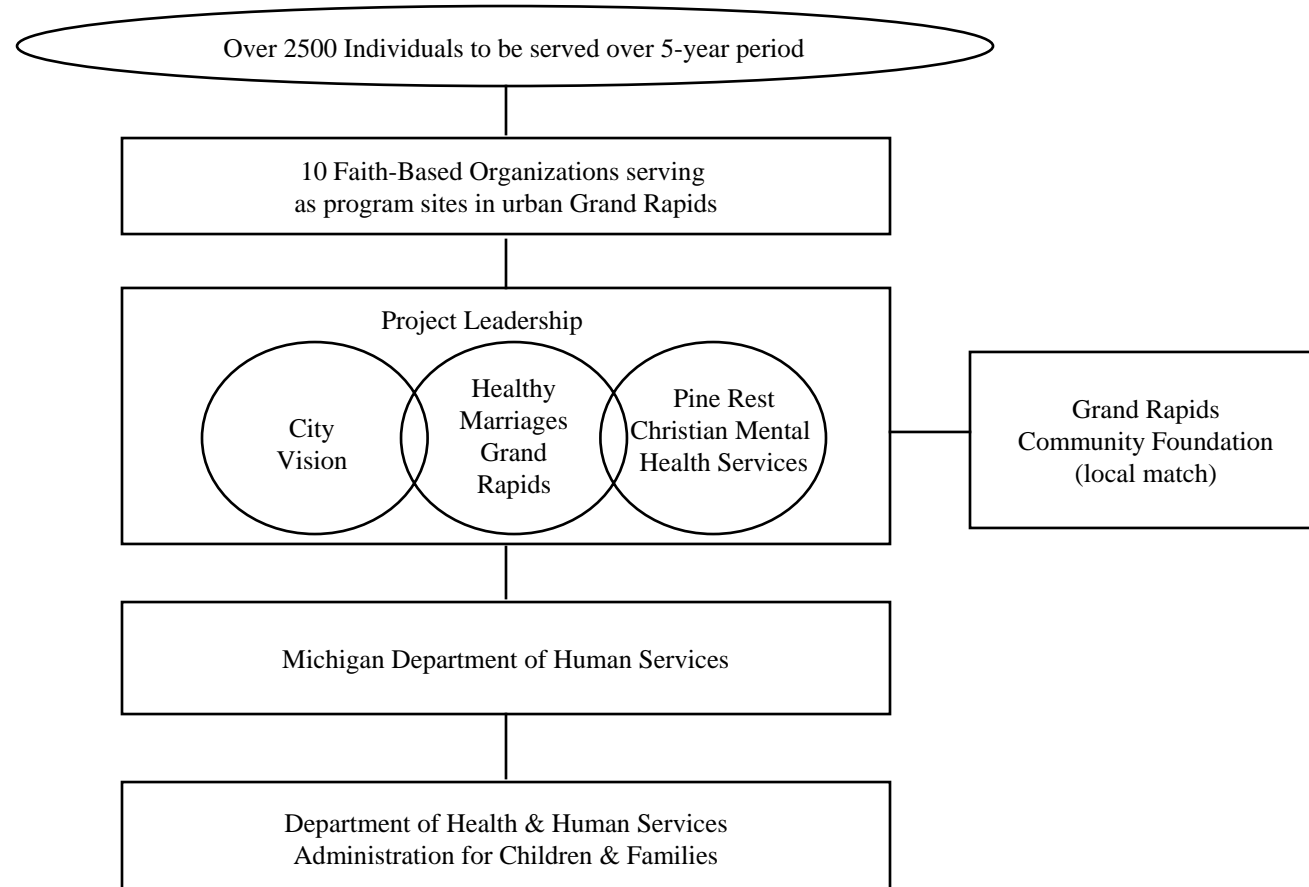
# Developing the HMHR Project



- Pre-existing initiative Healthy Marriage Grand Rapids (HMGR).
  - Started in 1997, it was the first community coalition effort to encourage marriage and healthy relationships in the Grand Rapids area.
  - Developed resources, relationships and expertise in the community in offering trainings on healthy relationship curricula.
- HMHR built on these resources and turned the focus of marriage education efforts toward the low income community in Grand Rapids, with a new partner agency.

# HMHR Organizational Structure

Source: Healthy Marriage Grand Rapids, 2004a



# HMHR Team



- HMHR's staff and project director.
- The Family Institute of Pine Rest Christian Mental Health Services, whose executive director leads the Healthy Marriages Grand Rapids coalition.
- City Vision, an intermediary organization that was developed to help build capacity and develop networks for organizations that serve the low income community in Grand Rapids.
- Ten "Institutions of Trust", or faith-based, non-profits that serve the community in many ways, including employment assistance, financial crisis counseling, IDA support, child care, health care, and relationship education.

# Services



- Family Wellness: a family centered relationship-focused program that includes topics to build relationships with all family members.
- Family Wellness follow up coaching: follow up session for Family Wellness participants who wish to explore themes and lessons further.
- How to Avoid Marrying a Jerk/Jerkette: Targets single people who wish to understand how to start a healthy relationship. In June, Spanish language classes will be provided as well.

# Specialized Services



- Family wellness and How not to Marry a Jerk are offered in both English and Spanish.
- All male classes are offered.
- Reducing barriers to participation by providing food, child care, transportation as well as one time gifts/prizes.
- Prison reentry program for participants who are still in jail but are about to reenter society. Family Wellness and No Jerks classes are offered.
- Classes are offered at a local high school for teens who are pregnant or have a child. The project has recently connected with another high school program for youth at high risk, where many of the students are already parents.

# Media Effort



- Word of mouth recruiting from someone known by the potential participant has been very successful.
- Media campaign started in January 2006, including billboards, posters and palm cards. A number for information and meetings is included.
- A part time recruitment coordinator works to reach out to agencies and other potential sources for participants.

# HMHR Billboard



meet

love

silence

argue



HEALTHY  
MARRIAGES  
HEALTHY  
RELATIONSHIPS

respect

no-cost workshops: 222-4575

WHERE GROWTH HAPPENS

Produced in part by the State of Michigan



# Participant Characteristics



- As of May 2006:
- 1,252 people have attended at least 1 class
- 826 (66% attended 4 out of 6 classes)
  - Male participants - 28%.
  - Hispanic participants – 21%
  - African- American participants - 63%
  - Married couple participants - 20%

# Participant Characteristics (continued)



- Data as of September 2005 showed:
  - 24% have some high school
  - 30% graduated from high school
  - 18% had some college or trade school
  - 33% are ages 25-34
  - 27% are ages 35-44
  - 53% are not working
  - 23% receive food stamps
  - 28% are on Medicaid
  - 80% are a parent of a child under the age of 18
  - 4.2% are expecting a baby
  - 25% are married

# Challenges & Successes



- The providers and the community are excited about the interventions, recruiting and participation levels have been high, due in part to the IOTs and the responsiveness of the efforts to participant realities.
- Recruiting men has been hard.
  - Conducted focus groups to better understand the needs of men.
  - Offer men-only groups to make the setting more appealing and comfortable.

# Nampa, ID – Healthy Families Nampa



- Awarded section 1115 waiver in May 2003, operations began shortly thereafter.
- Population: 68,000.
- The population is approximately 20% Hispanic, otherwise it is largely white.
- 60% of births in Nampa are paid for by Medicaid and 34% of births are to unwed parents.

# Goals



- The goal is to help improve relationships, to prevent divorce and reduce reliance on social services and child support.
- HFN's target population is couples prior to marriage, married couples anticipating children and single and married parents.
- Aim is to establish a community environment that supports healthy marriages and responsible fatherhood.

# Developing the HFN Project



- Built by community leaders with prior experience in community coalitions to improve child and family well being.
  - A number of independent community organizations were providing marriage support services but there was no formal community wide coalition.
  - Two prior community coalition efforts provided a solid starting point for a new initiative.
- Idaho Department of Health and Welfare and the Nampa Ministerial Association developed a coalition to implement the Community Marriage and Family Agreement prior to the waiver award.

# HFN Train the Trainer Model



- Sponsoring organization of the Healthy Marriage, Responsible Fatherhood Nampa Community Demonstration Initiative is Healthy Families-Nampa.
- Services are offered through faith based and secular partners. HFN provides train the trainer classes for the partner. A coalition of 50 members plan, coordinate and oversee all of HFN activities.

# HFN Organizational Structure



- The leadership team is comprised of an 8-12 member executive committee that includes representatives from the city government, State IDHW and the faith-based community.
- A core set of coalition members who are directly involved in the provision of services, attend trainings and are regularly involved in HFN events.
- A broad coalition of members who support HFN's mission and provide services occasionally but are less intensely involved in the day to day provision of services.



# Services Offered



- Family Wellness: a family-centered relationship-focused program HFN provides train the trainer sessions for coalition members.
- Prepare/Enrich: a premarital education and counseling inventory generally provided in faith based settings.
- Building Stronger Families: a program that focuses on the family including communication and conflict resolution but also parenting, strengths and family traditions. This curriculum includes information for military families as well with tips on dealing with deployment.
- Building Relationships: a program focused on youth and aims to help them develop relationship and personal skills, including communication, conflict resolution, beliefs and values, and finances. These classes are offered to teens who are high-risk youth and are aging out of the foster care program.

# Specialized Services & Events



- In Hospital Paternity Acknowledgement.
- Spanish Family Wellness classes started in March 2006.
- Tribute to the Troops: This includes many different activities (including on-site Family Wellness classes) that focus on addressing the increase in divorce rates among military families and issues that arise following deployment and reunification.
- March for Fathers: HFN sponsors annual events to promote Fatherhood involvement and the last two years have had a media campaign in March to support this initiative.
- 5 great dates: These were workshops held around town and attendees could then sign up for full classes through HFN.

# Media Effort



- Primary source of recruitment is IDHW's child support and TANF programs. Individuals are referred to classes and they are given the option of whether they would prefer secular or faith based services.
- Faith based providers also recruit participants from their own congregations.
- HFN does a great deal of event-focused recruiting – HFN advertises and sets up booths at local wedding fairs, they recently sponsored a booth at a local family wellness festival “Wellness-fest.”
- HFN has a very large media presence including weekly articles, public service announcements and advertising that provide information about accessing services available.

# Participant Characteristics



- As of May 2006:
  - 508 participants have been recorded
  - 34% requested marriage services
  - 55% requested parenting education
  - 33% requested faith-based provider
  - 66% requested secular provider.

# Challenges & Successes



- The community is very supportive of the intervention. The City, faith based organizations, public sector, media and the Governor of Idaho have all been mobilized to work on the marriage initiative.
- Tracking participants has been a challenge.
  - Providers do not always report information on participants.
  - HFN has set up a new MIS system to try and make reporting information easier.

# Comparisons Between the Two Pilot CHMIs



- Importance of trust, existing relationships, word of mouth in attracting participants in each initiative.
- Solid foundations and leadership of both initiatives.
- Tailoring of services offered to community context (young people, military families, re-entering populations).
- Embedding of relationship and marriage education with other services versus offering marriage education by itself.
- Relative focus on individuals served versus creating a buzz in the community.
- Target Populations: Low income versus a larger population.

# Relationship with New Hope Results



- New Hope results found that increasing income and employment among never married women increased the likelihood of marriage (among volunteers with some evidence of selection).
- Some CHMI efforts include employment and income strengthening.
- Will be interesting to see whether the effects of marriage education independent of income effects is enough to affect marital status.

# For More Information



Both full implementation reports are available at :

[http://www.acf.hhs.gov/programs/opre/strengthen/eval\\_com/index.html](http://www.acf.hhs.gov/programs/opre/strengthen/eval_com/index.html)